

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWA Veterans Victory Fund

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>9770</u>	
Logged In <u>MWW</u>	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Larry Oik

641-892-4417

7/18/08

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A July 19 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 466.02

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowa Veteran's Victory Fund

2008 JUL 21 AM 10:56

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
04/26/08	ID# CK# cash	Bruce Stone 689 42nd Street - Des Moines, IA 50312		\$40.00	<input checked="" type="checkbox"/>
04/26/08	ID# CK# cash	Kent Sovern 1534 Germania Drive - Des Moines, IA 50311		40.00	<input checked="" type="checkbox"/>
04/26/08	ID# CK# cash	Georgia Bray 3520 Elm - West Des Moines, IA 50265		33.00	<input checked="" type="checkbox"/>
04/26/08	ID# CK#	Larry Olk 608 Claydigger Run, Sheffield, IA 50475		40.00	<input checked="" type="checkbox"/>
05.09.08	ID# CK#	Terry Philips 1605 Riverside Road - Riverside, IA 52327		40.00	<input checked="" type="checkbox"/>
05/09/08	ID# CK#	Joseph Stutler Jr. 581 Alpine Place NE #1 - Cedar Rapids, IA 52402		40.00	<input checked="" type="checkbox"/>
05//09/08	ID# CK#	Beth David-Flemming 103 N. 13th Avenue - Marshalltown, IA 50158		40.00	<input checked="" type="checkbox"/>
05//15/08	ID# CK#	John K. Smola 304 Scott Hollow Rd., Monona, IA 52159		40.00	<input checked="" type="checkbox"/>
06/04/08	ID# CK#	Kent Sovern 1534 Germania Dr. - Des Moines, IA 50311		48.02	<input checked="" type="checkbox"/>
06/28/08	ID# CK#	Beth David-Flemming 103 N. 13th Avenue - Marshalltown, IA 50158		40.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 401.02	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

Reset Form

SCHEDULE

A

MONETARY
RECEIPTS

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☐ CHECK THIS BOX IF
AMENDING FORM